REDUCING TOBACCO USE IN ALBERTA:

A COMPREHENSIVE STRATEGY

Report of the
Alberta Interdepartmental Committee
on Tobacco Reduction

June 2001

AADAC An Agency of the Government of Alberta

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Introduction

Tobacco use is the leading avoidable cause of illness and premature death in Alberta.

During the past number of years organizations such as the Alberta Tobacco Reduction Alliance, Action on Smoking and Health, the Alberta Lung Association and the Canadian Cancer Society (Alberta/NWT) have moved tobacco to the forefront of public concern in Alberta.

In 1999, LeRoy Johnson, MLA for Wetaskiwin - Camrose introduced *Bill 208, the Prevention Of Youth Tobacco Use Act.* This Private Member's Bill initiated serious debate with regard to a more focused approach to tobacco reduction in Alberta.

In January 2001, the Honourable Gary Mar, Minister of Health and Wellness established an Inter-Departmental Committee on Tobacco Reduction reporting to Mr. Johnson in his role as Chair of the Alberta Alcohol and Drug Abuse Commission. The purpose of the committee was to recommend a made-in-Alberta tobacco reduction plan that would be focused, collaborative and comprehensive.

The Inter-Departmental Committee on Tobacco Reduction included Assistant Deputy Minister representation from:

- Alberta Aboriginal Affairs and Northern Development
- Alberta Alcohol and Drug Abuse Commission (AADAC)
- Alberta Children's Services
- Alberta Health and Wellness
- Alberta Human Resources and Employment
- Alberta Justice
- Alberta Learning
- Alberta Municipal Affairs

The committee was chaired by AADAC and assisted by a Working Committee of officials.

As part of the development of a comprehensive strategy, an Advisory Group was brought together to review the considerations of the Inter-Departmental Committee. The Advisory Group consisted of representatives from:

- Alberta Tobacco Reduction Alliance,
- Alberta Lung Association,
- Action on Smoking and Health,
- Alberta Urban Municipalities Association,
- Alberta School Boards Association,
- Child and Family Services Authorities,
- Regional Health Authorities,
- AADAC Youth Committee.

This report represents the results of extensive deliberations, consultations and research undertaken by the Interdepartmental Committee and is submitted for consideration by the Government of Alberta.

Health and Social Issues

Tobacco is a unique product in the consumer marketplace. Tobacco has no safe level of consumption, is highly addictive, and is the only legal substance that has the potential to kill when used exactly as intended by the manufacturers.

We tend to think of smoking or tobacco use as an adult problem, because it is adults who die from tobacco-related diseases. While the consequences of smoking are played out in adulthood, they have their origins in childhood. Most people begin using tobacco in early adolescence. Tobacco addiction is viewed by some as a pediatric illness.

Historically the average person considered tobacco use merely a bad habit. However, documents from Health Canada and the United States Department of Health and Human Services Center for Disease Control emphatically dismiss this myth and present conclusive evidence that tobacco is a highly addictive and dangerous substance.

The United Nations Office for Drug Control states that, "prolonged use of tobacco, especially when smoked, is responsible for many premature deaths," and that, "exposure to other people's cigarette smoke has been conclusively linked with an increased risk of lung cancer."

Tobacco use is the leading avoidable cause of illness, disability and premature death in Alberta. According to recent estimates, 20% of all deaths in Alberta result from the use of tobacco. Tobacco use is responsible for more deaths than HIV/AIDS, traffic collisions, murder, suicide, and illicit drug use combined.

The Health Canada Tobacco Use Monitoring Survey shows Alberta has the highest smoking rate of any province west of Quebec.

Environmental Tobacco Smoke, or 'secondhand smoke' is directly related to the use of tobacco, and has health consequences for all non-smokers. Secondhand smoke causes health problems in non-smokers, including coronary heart disease and lung cancer.

Treating tobacco dependence is also important in a business and economic sense as it can prevent a variety of chronic diseases and costly down time and job loss. Also, as there are no tobacco growers or manufacturers located in Alberta, restricting tobacco use would not directly affect the provincial economy.

SOME FACTS:
(from documents noted in the Bibliography)

- Annually, estimates show use of tobacco causes 45,000 deaths in Canada.
- In Canada, about 3,470 people die each year from heart disease caused by second hand smoke.
- Premature deaths in Alberta resulting from tobacco use increased from 3,214 in 1994 to 3,457 in 1997.
- Smoking has a high dependence liability, because the nicotine in tobacco causes physical addiction. Most smokers consume 10 or more cigarettes per day. Very few (4% in Canada) are occasional (non-daily) smokers.

- Overall, 33 - 50 % of people who experiment with tobacco become regular users. Seventy to 90% of people who are regular users are addicted.

- Smoking is so addictive that many people continue to smoke even when their lives are in immediate danger. For example, almost 50% of those surviving surgery for lung cancer start smoking again and 38% to 50% of smokers who have had a heart attack start smoking again while still in hospital.

- The vast majority of smokers want to quit but only a little over 2% successfully quit each year. However, over time millions of Canadians have quit: there are now as many Canadians who have quit smoking as there are smokers.

- According to the 2000 Canadian Tobacco Use Monitoring Survey, 26% of Canadian males and 23% of females 15 years of age and older were daily or occasional smokers.

- Specific populations, particularly Aboriginal peoples, have much higher smoking rates than the rest of the population, and their average age for starting is also younger.

- While the rate of smoking among men exceeds the rate for women in every age group 18 years and over, the rate of smoking among girls age 12-14 (10%) and 15-17 (29%) is substantially higher than among young men of the same age (6%) and (22%) respectfully.

- In Alberta, 23% of the population age 15 and older smoke.

- The highest prevalence rate of tobacco use in Alberta is among the 20-24 year old age group, at 36%.

- At 20%, the smokeless tobacco experimentation rate among Albertans aged 10-19, is double the national average.

Costs to Society

As reported by the Canadian Center on Substance Abuse, the cost burden of tobacco use to the Alberta economy in 1992 was estimated to be $729 million in health care costs, reduced productivity and forgone income and property damage. The total for Canada was estimated at $11 billion per annum in such societal costs. These tobacco related costs would be substantially higher in 2001.

Research evidence from Oregon, Florida and California shows health care cost savings of $30 (U.S.) for every $1 invested in the area of tobacco reduction. Reducing tobacco use has proven to be a very cost-effective approach used by governments in these jurisdictions.

Context

Supporting Healthy Communities in Alberta

Implementing a comprehensive tobacco reduction strategy in Alberta very much reflects the Alberta Government's Vision for the Province:

"A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children."

Reducing tobacco use is directly related to Government Business Plan Goal 1: *Albertans will be healthy*, and Goal 2: *Our children will be well cared for, safe, successful at learning and healthy.*

The health and wellness of many Albertans is impacted by the use of tobacco. Effective strategies to reduce tobacco consumption have been implemented in other jurisdictions. These strategies have resulted in a decrease in tobacco use rates, improved health and wellness and considerable savings in health care costs, lost productivity and property damage.

Alberta currently provides some tobacco counselling services through AADAC regional offices and Regional Health Authorities and funds limited prevention activities, including support to groups such as the Alberta Tobacco Reduction Alliance, totalling approximately $2 million in 2001/02.

National and International Experience

As a cornerstone of its work, the Interdepartmental Committee on Tobacco Reduction reviewed best practices frameworks from Health Canada and the United States Center for Disease Control and examined in detail tobacco reduction plans from British Columbia, Saskatchewan, Ontario and Nova Scotia; and Oregon, Massachusetts, Florida, California, and Illinois in the United States. The intent of the Committee was to utilize the best experiences of these jurisdictions in the development of a made-in-Alberta tobacco reduction strategy.

Longer term experience in the United States indicates that implementation of a comprehensive tobacco control program produces substantial reductions in tobacco use. In its Program Report 2000 on Tobacco Prevention and Education, Oregon, for example, stated its framework based on reducing youth tobacco use, cessation programming and protection from secondhand smoke, has demonstrated the following results since 1996 for its population of 3.2 million:

- 75,000 fewer adult smokers
- 22,000 fewer adolescent smokers
- One billion fewer cigarettes sold per year
- 1,300 fewer women smoking during pregnancy
- 41% fewer grade eight students smoking

Other U.S. States report similar success. Each attribute the success of their programs to the comprehensiveness of their strategies, based on the CDC best practices guidelines. All the States with tobacco reduction programs use increased taxation as part of their strategies. Several U.S. States have also initiated litigation against tobacco manufacturers to recoup costs associated with health related tobacco effects.

The Federal Government in Canada has legislated restrictions on tobacco advertising and promotion and prohibits sales to minors but at this time, funds no treatment programs or targetted prevention initiatives.

Quebec and British Columbia were among the first to implement comprehensive tobacco reduction strategies. British Columbia's approach of legislation, public education, and increased program funding has brought accountability and regulation to the tobacco industry, exposed the toxic nature of cigarettes, and provided extensive public information.

British Columbia was the first jurisdiction in the Commonwealth to launch a lawsuit against tobacco companies in November, 1998. Newfoundland initiated a litigation process in April, 2001.

Nova Scotia unveiled its comprehensive strategy in November, 2000 and is similarly focused on preventing youth initiation of tobacco use, supporting cessation efforts and eliminating exposure to environmental tobacco smoke. Funding for its strategy, based on $5.00 per capita, comes from a tax increase of $1.00 per package of cigarettes.

In January, 2001, Saskatchewan released its proposed tobacco control strategy. The focus of the Saskatchewan strategy is to ensure a comprehensive, province wide legislative perspective which includes youth possession and access restrictions, workplace restrictions and public place restrictions. The report also proposes $5 per capita in funding and an increase in the provincial tobacco tax of $1.00 per package of cigarettes.

Best Practices

After examining documentation from Canada and other jurisdictions, the Inter-Departmental Committee believes the U.S. Centre for Disease Control has the best perspective on the requirements for comprehensive tobacco control programs. The Centre recommends the following essential components when considering a comprehensive strategy:

1. Community programs to reduce tobacco use.
   - Engage youth in developing and implementing tobacco control interventions
   - Develop partnerships with local organizations
   - Maintain continuing education programs for young people, parents, enforcement officials, community and business leaders, health care providers, school personnel, and others;
   - Promote governmental and voluntary policies to promote clean indoor air,
   - Restrict access to tobacco products

2. Chronic disease programs to reduce the burden of tobacco-related diseases.
   - Communities can focus attention directly on tobacco-related diseases to prevent and detect them earlier (for example: cardiovascular disease prevention, asthma prevention, and oral health).

3. School programs
   - Tobacco free policies
   - Evidence-based curricula
   - Teacher training
   - Cessation services

4. Enforcement
   - Restrictions on minors' access to tobacco
   - Restrictions on smoking in public places.

5. Province-wide programs
   - Provide technical assistance on evaluating programs, promoting media advocacy, implementing smoke free policies, and reduce minors' access to tobacco.

6. Social-marketing
   - Media advertising campaigns to counter pro-tobacco influences and increase pro-health messages and to promote smoking cessation and decrease the likelihood of starting tobacco use.
   - Media advocacy using a variety of tactics such as news releases, local events, health promotion, etc.

7. Cessation programs
   - Screening, counselling, and cessation services including pharmaceutical aids and 1-800 lines.

8. Surveillance and evaluation
   - Monitoring of program accountability, tobacco-related behaviours, attitudes, and health outcomes.

9. Administration and management.
   - An effective tobacco control program requires a strong, accountable management structure to facilitate coordination of program components and partnerships, e.g., among health, education and government stakeholders.

The Inter-Departmental Committee is strongly of the view that Alberta needs all or most of these components to produce the synergistic effect of a comprehensive program. Reducing the cultural acceptability of a product such as tobacco requires changing many facets of the environment. This scale of change is a complex process that needs to be addressed by focused, multiple program elements.

Comprehensive Action

The Interdepartmental Committee proposes the following principles, goals, targets and outcomes for an Alberta Tobacco Reduction Strategy.

Principles

A tobacco reduction strategy must be:

Comprehensive: A comprehensive approach including focused programming, taxation and legislation is required to lower the tobacco usage rate in Alberta.

Complementary: Federal, provincial and municipal laws and initiatives need to complement each other.

Collaborative: Provincial, municipal and community agencies need to work together to address tobacco reduction to ensure mutual knowledge and support.
Sustainable: In order to be effective, programs must be sustained over a long period of time.

Goals

The purpose of the Alberta Tobacco Reduction Strategy is to increase the wellness of Albertans and to decrease health care costs through the denormalization of the use of tobacco. Specifically, the Strategy aims to reduce disease, disability, and death related to tobacco use in Alberta by:

- lessening the initiation of tobacco use by young people,
- promoting cessation amongst all users and
- reducing nonsmokers' exposure to environmental tobacco smoke.

Outcomes

- Decrease in the initiation of tobacco use by Alberta youth.
- Reduced tobacco use by adults and youth.
- Restrictions on exposure to environmental tobacco smoke.
- Reduced health care costs in Alberta.

Performance Targets

The targets of the strategy are to:

- decrease the percentage of Alberta youth and adults using tobacco by 30% over the next five years
- reduce the overall amount of tobacco products consumed in Alberta by 50% over the next five years
- eliminate exposure to environmental tobacco smoke in all indoor public spaces and, by 2003, in all workplaces in Alberta.

A FRAMEWORK FOR COMPREHENSIVE ACTION

The recommendations put forth in this report will assist in protecting and enhancing the health and the wellness of all Albertans. The recommendations focus on denormalizing tobacco use, especially among children and youth, and address the essential elements of a proposed comprehensive strategy.

The Interdepartmental Committee proposes that the following six essential elements make up the proposed comprehensive strategy framework: leadership and coordination; taxation; prevention and education; reduction and cessation; research and evaluation; and, legislation to restrict access and exposure.

Element 1: Leadership and Coordination

Evidence-based research indicates that tobacco reduction requires a comprehensive strategy to be in place. The strategy needs to be supported by government and should be implemented in partnership with all stakeholders. Best practices guidelines established in Canada and reiterated through the United States Center for Disease

Control, outline the need for tobacco reduction units to be directly linked to government to ensure proper coordination and accountability.

Government coordination ensures that tobacco reduction efforts are managed collaboratively across the jurisdiction and with all government partners and agencies at the table. Government coordination also ensures that community groups and organizations have a strong voice and an avenue to showcase their local tobacco reduction initiatives.

In Alberta, the Alberta Alcohol and Drug Abuse Commission has the mandate, management structure and existing provincial delivery system to provide addictions treatment and prevention programs on behalf of government.

Recommendation:

1. That the Alberta government undertake a leadership role in reducing the health risks associated with tobacco usage in the Province by implementing a comprehensive Alberta Tobacco Reduction Strategy.

2. That management and coordination of the comprehensive Alberta Tobacco Reduction Strategy be mandated to the Alberta Alcohol and Drug Abuse Commission.

3. That AADAC develop, implement and evaluate a coordinated tobacco reduction plan in partnership with the Ministries of Health and Wellness, Learning, Children's Services, Aboriginal Affairs and Northern Development, Justice, Human Resources and Employment, and Municipal Affairs; and with municipalities, school boards, Regional Health Authorities, Child and Family Services Authorities, community groups and provincial stakeholder organizations.

In marketing tobacco products, the tobacco industry and mass media operate transnationally. While recognizing this global threat to health, individual jurisdictions tend to focus on tobacco reduction strategies that can be applied within their boundaries. The challenge comes in seeking national and international solutions for a problem that cuts across national boundaries, cultures, societies and socio-economic strata.

Recommendation:

4. That AADAC establish working relationships with other provinces, in particular the other three Western Provinces, the Government of Canada, the border States and international agencies such as the World Health Organization, to collectively support the development of national and international strategies, frameworks, and protocols aimed at reducing tobacco use.

Element 2: Taxation as a Preventive Strategy

In 1999, the World Bank concluded: "In reality the most effective way to deter children from taking up smoking is to increase taxes on tobacco."

The report *Curbing the Tobacco Epidemic: Governments and the Economics of Tobacco Control* states that, on average, increasing the price of tobacco by 10% with additional

cessation strategies will reduce the demand for cigarettes by about four per cent within the adult population and as much as 15% among the youth population.

Both the Center for Disease Control and Health Canada's Best Practice Guidelines strongly support these findings and indicate that *raising taxes on cigarettes has been found to reduce smoking and to reduce youth smoking in particular.*

All jurisdictions surveyed agree raising tobacco taxes lowers consumption, particularly amongst youth.

Tobacco prices in Alberta are lower than seven provinces and all 50 U.S. States and as noted below, Alberta currently has the lowest tobacco tax rate of the four Western Provinces.

Provincial Tobacco Taxes in Western Canada

	Per 200 Cigarettes	Per 200 Grams Loose Tobacco
British Columbia	$22.00	$22.00
Alberta	14.00	8.00
Saskatchewan	17.20	15.48
Manitoba	19.20	16.60

Saskatchewan is proposing to raise its tax to $25.20 on cigarettes ($1 increase per package). The last time Alberta raised tobacco taxes was in 1991.

The Interdepartmental Committee feels Alberta should equalize its tobacco tax rate and that its rate should be as high as or higher than neighboring provinces. Matching British Columbia's tax which is currently the highest, would have a major impact on smoking rates, particularly among young people, and generate an estimated $250 million in additional tax revenues.

Recommendation:

5. That the Alberta government equalize the tobacco tax between cigarettes and fine cut (loose) tobacco including chew and snuff products.

6. That the Alberta government increase taxes on tobacco products to $22 per 200 cigarettes and 200 grams of fine cut tobacco.

Element 3: Prevention and Education

Youth Prevention Strategy

A key to any comprehensive tobacco reduction strategy are programs targetted at youth. The goal is to reduce the prevalence of youth trying smoking for the first time.

Recommendation:

7. That AADAC, in consultation with partnering Ministries and advisory groups, develop targetted youth strategies within the provincial prevention framework.

School Programs

Comprehensive tobacco reduction policies recently introduced in Nova Scotia and Saskatchewan both included strong recommendations that new anti-tobacco content be introduced into curricula for all grades 1-12. Both jurisdictions recommended that anti-tobacco education should address the social and health consequences of smoking and other tobacco use and should be age specific, reflecting the different levels of development at different ages.

Currently, Alberta Learning is completing a major revision of the Health and Life Skills Kindergarten to Grade 9 curriculum that includes age specific anti-tobacco education beginning in Grade 3. Under the curriculum, students consider positive characteristics of healthy lifestyles and attend to the values that underlie individual choice and personal responsibility for the consequences of behaviours including smoking and other tobacco use. Students also examine and evaluate the health risks associated with tobacco use. Anti-tobacco education is also being incorporated into Career and Life Management 20, which is currently being revised.

Recommendation:

8. That Alberta Learning implement the new anti-tobacco curricula currently being developed for Health and Life Skills Kindergarten to Grade 9 and Career and Life Management 20 with additional resource support provided by the prevention framework.

Community Programs

As outlined by CDC best practices, inherent in any comprehensive approach to tobacco reduction is the development of initiatives at the local level. Also, recent research confirms that school-based tobacco use prevention education is more effective if it is actively supported by community programs.

Community programs must complement the provincial direction and should focus on increasing the number of organizations and individuals involved in planning and conducting community level education and training programs. Woodridge, Illinois and a number of programs in Canada have achieved impressive declines in per capita consumption by actively engaging young people in the planning and conducting of community tobacco prevention events and campaigns.

Made in Alberta initiatives such as the Alberta Lung Association's BLAST program and the Teaming Up for Tobacco Free Kids initiatives are excellent examples of community programming that should be supported.

Recommendation:

9. That the provincial framework include provision for a grant program to support community programs and organizations that focus on prevention.

Social Marketing

Based on world wide best practices evidence, anti-tobacco messages also need to be delivered by sustained mass media marketing techniques. To denormalize tobacco use, the Alberta public must constantly be reminded of the negative impact of tobacco on health.

Youth audiences need to be addressed at appropriate age levels through radio, television, newsprint, the Internet, and at movies. Campaigns should include the use of teen advocacy groups.

Also, mass media campaigns are more successful when linked to community based anti-smoking programs.

Recommendation:

10. That AADAC, in partnership with other Ministries and agencies, develop and implement mass media campaigns with a particular target emphasis on children and youth, young adults (18-29 years of age), and other adults.

11. That AADAC, in partnership with other Ministries and agencies, develop anti-tobacco resources for utilization at the community level that would support the mass media marketing campaign.

ABORIGINAL TOBACCO MISUSE FRAMEWORK

Aboriginal people have used tobacco as a medicine and in ceremonies for thousands of years. The smoke from tobacco is used on sacred fires, carrying prayers to the spirit world; tobacco is also left on earth as an offering of thanks. Based on this history and the experiences of other provinces, it is vital that, as part of a comprehensive strategy, a tobacco misuse framework be developed for Alberta's Aboriginal community. This framework should be developed in consultation with Aboriginal communities and with linkages to the Aboriginal Policy Initiative.

Recommendation:

12. That AADAC, in partnership with Aboriginal Affairs and Northern Development and in consultation with Aboriginal stakeholders, develop an Aboriginal Tobacco Misuse Framework that is sensitive to the culture and use of tobacco products by Aboriginal people.

Element 4: Reduction and Cessation

Research from the Ontario Tobacco Research Unit indicates reduction programs and cessation treatment should not be offered at just one point in time. Matching smokers to appropriate treatment is vital as well as increasing treatment intensity as relapses occur. Smoking treatment needs to focus on reducing the chronic diseases associated with tobacco use; increasing the number of smokers who seek treatment; setting a continuum of care and matching individuals to treatment strategies; and creating supportive environments through policy, regulation, promotion and marketing.

Oregon best practices evidence indicates that reducing adult consumption is an effective measure in reducing youth smoking rates and acts as a prevention measure within the youth population.

Research from Health Canada indicates that youth cessation programs should focus not only on abstinence but also on reducing tobacco consumption with a goal of planting seeds within the youth population leading to future attempts to quit. Information lines have proven very successful in a number of jurisdictions.

Recommendation:

13. That AADAC, in partnership with Regional Health Authorities and provincial organizations, develop a provincial tobacco cessation treatment framework that includes a 1-800 Help Line and enhanced treatment services.

Element 5: Research and Evaluation

Reliable information is required to plan, execute and manage a successful comprehensive tobacco reduction strategy and to account to the public on investments made and returns realized. New knowledge will be needed to adapt and develop the strategy as it is implemented and a constant measurement of results will help drive the strategy forward.

Recommendation:

14. That AADAC develop a research framework involving universities, the private sector and government to support implementation of the provincial strategy, help set standards, and undertake baseline measurement, performance monitoring and research activities.

Element 6: Legislation to Restrict Access and Exposure

Experience from North American jurisdictions and guidelines from both the World Health Organization and the Center for Disease Control emphasize the need for a comprehensive tobacco reduction program to include state or provincial tobacco control legislation that complements federal legislation.

While the federal and provincial governments share jurisdiction over tobacco, the cost impact of tobacco places a considerable burden on provincial governments. A significant proportion of the costs to provinces are related to health care expenditures resulting from treatment and care for persons with tobacco related diseases. As a result of the significant costs to the provincial health systems, as well as other tobacco-related costs, provinces have a vested interest in regulating the promotion and sale of tobacco products.

The federal Tobacco Act restricts tobacco advertising and promotion in Canada. It also prohibits sale of tobacco products to minors but does not outlaw possession. The Act also does not address such issues as second-hand smoke. Tobacco control legislation in other provinces has been able to expand on the federal Tobacco Act to address serious gaps in a complementary manner.

Fifty seven Alberta municipalities have introduced smoking bylaws to restrict exposure to second hand smoke. The Alberta Urban Municipalities Association, through a motion passed at their recent convention, has asked the Provincial Government to pass a common smoking restriction policy that would treat all Albertans the same.

Other jurisdictions have found that provincial licensing of tobacco vendors assists in the denormalization of tobacco by emphasizing that the ability to sell tobacco products is a privilege that comes with responsibility, particularly in the areas of non-promotion, and restriction of sales to minors.

Provincial licensing of the approximately 5400 establishments in Alberta that sell tobacco through municipal business licenses, would assist in enforcement, monitoring, and evaluation efforts. Centralized license information would also allow informed debate with regard to restricting access by location. There has been a suggestion, for instance, that tobacco only be sold in Alberta's 700 retail liquor stores.

On behalf of one group of current vendors, the Alberta Pharmaceutical Association has stated that they would support prohibiting sale of tobacco products in all health related facilities, including pharmacies, in Alberta.

Mandatory training of vendors could also be considered, as this would give vendors a consistent message that government is concerned about tobacco sales and will take an active role in preventing sales to minors.

To reduce consumption, evidence also suggests that any comprehensive tobacco control legislation include restrictions on all major components of the marketing mix: promotion, product, place, and price. Legislation that includes effective restrictions on all four areas can be expected to have a substantially greater impact on consumption. Alberta could consider provisions that reiterate and complement existing Federal Legislation in this regard, along with imposing new standards and requirements in the Province.

Recommendation:

15. That the Alberta government pass a single piece of comprehensive legislation to reinforce and complement federal law, effective April 1, 2002.

16. That the legislation incorporate the principles of Bill 208 by prohibiting youth under the age of 18 from using, possessing or selling tobacco products.

17. That the legislation prohibit tobacco use in all enclosed public areas in Alberta, including all schools, post secondary institutions, hospitals, day-cares, retail shops, shopping malls, banks, restaurants, public transit, and recreation facilities.

18. That the legislation prohibit tobacco use in all Alberta workplaces by April 1, 2003, with allowances for independently closed off and ventilated smoking rooms.

19. That the legislation prohibit the sale of tobacco products in all health related centres including in store and stand alone pharmacies in Alberta.

20. That the legislation provide for a provincial licensing system for all tobacco vendors in Alberta including locations that sell tobacco products from vending machines.

21. That the legislation implement a stronger three-stage penalty process for vendors that sell tobacco products illegally in Alberta that would result in a defined fine of $1000 for a first offence, a second offence, $2500; and a third offence, permanently revoked license.

22. That the Alberta government increase enforcement capability in the province in cooperation with municipalities, Regional Health Authorities and the Federal Government.

23. That the legislation prohibit all promotional practices by tobacco manufacturers and retailers in Alberta including media advertising, sponsorships, retail displays, price discounts, starter cigarettes and other similar activities.

Funding the Framework

A number of jurisdictions are providing funding for tobacco reduction strategies on a per capita basis. The Interdepartmental Committee feels that funding allocated at $6 per capita would lead the country and provide adequate funding for a properly implemented, comprehensive Alberta Tobacco Reduction Strategy. The proposed budget should be viewed in the context of the estimated $729 million in annual costs (1992) as a result of tobacco use in Alberta and the 30:1 return ratio from U.S. experience.

PROPOSED BUDGET

LEADERSHIP AND COORDINATION		**$.3 M**
• Planning and Management	$.3 M	
PREVENTION & EDUCATION		**$9.2 M**
• Targetted Youth Prevention Programs	$1 M	
• School Curriculum Materials	$1M	
• Community Grant Program	$3 M	
• Mass Media Campaign	$4 M	
• Aboriginal Tobacco Misuse Framework	$.2 M	
REDUCTION & CESSATION		**$6 M**
• Enhanced Provincial Tobacco Cessation Programs	5 M	
• 1-800 Help Line	1 M	
RESEARCH & EVALUATION		**$1 M**
• Baseline Research	$.7 M	
• Outcome Monitoring and Evaluation	$.3 M	
PLACE RESTRICTIONS & VENDOR LICENSING		**$3 M**
• Licensing and Training	$1 M	
• Enforcement Support	$2 M	
TOTAL ANNUAL BUDGET		**$19.5 M**

Recommendation:

24. That AADAC be provided new funding of $19.5 million per annum beginning April 1, 2002 to coordinate the implementation of a comprehensive tobacco reduction strategy in cooperation with participating government departments and agencies, municipalities and community and provincial organizations.

Conclusion

In closing, the Inter-Departmental Steering Committee on Tobacco Reduction believes that the recommendations put forth in this document adhere to the best practices guidelines from Canada, the United States and the World Health Organization and incorporate key components of the best programs from Canadian Provinces and U.S. States.

Validation for the recommendations of the Interdepartmental Committee came from all participants at the Advisory Group consultation meeting held on May 3, 2001 and subsequent written submissions.

As an example:

> The Alberta Lung Association said: "If implemented, this will be a coordinated plan that encompasses all best practices areas."
>
> The Alberta Urban Municipalities Association stated: "We would support this strategy fully, as a provincial strategy is needed, this would reduce the stress of the individual municipalities having to develop strategies and by-laws one municipality at a time".

The Interdepartmental Committee feels that the recommendations put forth in this report for government consideration will make Alberta a leader in North America in the area of tobacco reduction for the health of its citizens.

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